AZ Medicaid Technical Consortium Meeting

August 29th, 2006
10:00 AM to 11:00 AM
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Denny Bierl

Attendees:

(Based on sign-in sheets)

Abrazo Health	**Capstone**	**Maricopa**
JoAnn Ward	*Lydia Ruiz*	*Julie Conrad*
ADHS	**Care1st**	*Kathy Steiner*
Ian Hubbert	*Anna Castaneda*	*John Valentino*
Mani Kumar	*Gwent Morant*	**Pinal**
Paula Rendfeld	**Centene**	*Cheryl Davis*
Susan Ross	*Larry Price (teleconference)*	**Scan**
AHCCCS	**Cochise**	*Earlene Boyd*
Kathy Bezon	*Marcia Goerdt*	**UHC**
Peggy Brown	*Susan Speicher*	*Sean Steppe*
Deborah Burrell	*Evelyn Valdez*	**United Drugs**
Becky Fields	**DES**	*Alfonso Munguia*
Patti Goodwin	*Ramachandran Raman*	**Yavapai**
Ester Hunt	**HealthChoice**	*Becky Ducharme (teleconference)*
Lori Petre	*Carol Allis*	*Jean Willis (teleconference)*
Brent Ratterree	*Janel Sturn*	*Dale Siegel (teleconference)*
Kermit Rose	**MCP & Schaller**	
APIPA	*Todd Cassell*	
Lucy Markov	*Cathy Jackson-Smith*	
	Walter Janzen	

Welcome (Denny Bierl)
Thank you all for attending. We are working on the AHCCCS NPI implementation. Provider Registration would really like to discuss how you are conducting your outreach concerning NPI a little later today. First, as always, here is Mary Kay McDaniel with an overview of the Standards Body activities.

Standards Bodies Overview (Mary Kay McDaniel)
In the documentation you will find a reminder that the UB04 is being adopted as of May 23, 2007. The new 1500 has been approved, although the implementation date has been delayed. The transition period is now from 10/2006 through 3/31/07 where both forms will be considered valid. As of 4/1/07, only the new form will be accepted.

There is also a reminder concerning CMS NPI timelines. During a WEDI conference, a question was raised as to whether there will be a contingency period for the NPI. As we know, the answer is 'no.'

The 5010 format is expected to roll out as of April, 2009. Just after that, the ICD-10 is expected to come out. The changes in that will be more than simply a field length. This will be a generational change, impacting how diagnoses are used, the DRG, rollups and roll downs, and how you report them.

We did not receive a dissemination policy as we were expecting on 8/25/06 telling us how NPIs will be shared. It makes an informational exchange between providers absolutely imperative. The earliest we can expect to see this is October. Providers will have to share the NPI with all the organizations and other providers who will need it, such as hospitals, pharmacies and health plans. Do your providers have a strategy for communicating?

HR 4157 did pass the ICD 10 update. Committees are meeting to bring the health care pieces together. The bills went up concerning the 5010 transactions and appear to be in agreement with each other as to a mandated version. We will see new versions up, out and mandated faster than in the past. It will no longer take the passage of a second law to change the version currently specified by law. They hope to operate like industry standard, with a two year turn-around. This means they would have one version past, one current, and one in the future. We encourage you to be involved with the Standards Setting Organizations.

The NPI enumeration statistics has over 20,000 providers in Arizona that have enumerated. There is no true numbers of how many providers are expected to enumerate; at one point they thought 2,000,000 overall. We have 50,000 active providers within AHCCCS rolls now, and 1500 NPIs at last count.

AHCCCS Project Update (Denny Bierl)
Two more subsystems were moved into production last weekend, relating to internal functions for our call-center and IVR systems. That went well and we are now gearing up for the largest promote, including Claims, Encounters, and Finance.

There have been some really interesting challenges regarding the 835. If you are viewing the NPI as a simple crosswalk with a field to store it in your systems, we urge you to be cautious. Our recommendation is accelerate your testing plans so give you the best leeway should you, too, find the same types of challenges in your changes.

The October encounter cycle will include the NPI field, but we want to remind you not to submit any NPIs before January 1, 2007. We expect to be completely ready at that time. We will have a small promotion in October relating to the 270/271 transactions. The September promotion will be the largest done since the year 2000. Our hope is that by keeping you informed as to our project, it will help yours move more smoothly. If you would like more detail as to the challenges we have faced, we welcome your questions. Please contact me.

PAT File changes (Denny Bierl for John Murray)

We are still anticipating a December release regarding the PAT file changes. It should result in a better process.

NPI Registration (Valerie Noor)

At the last meeting we asked to hear from you how your meetings with your providers regarding receiving NPIs. I'd hoped to be able to report more NPI numbers. The sooner we receive them, the better, as we do go live in January, and it is mandated in May, 2007. We need to have all of the NPI numbers before April, 2007. If we get a huge influx at one time, it will delay their entry, and we're afraid it will delay payments. We are focusing right now on combining multiple ID numbers. The providers we are targeting at the moment are those who practice privately as well as with IHS. We will leave the private practice number intact and combine the IHS number into the private practice number. We will be sending notification to these providers stating that they have multiple ID numbers in our system, and effective January 1, 2007, they need to use the number they are reporting to you. We hope to begin within the next couple weeks.

We received a question as to whether we could accept a spreadsheet from the providers listing the NPI numbers. The current policy is that the information must be submitted by the AHCCCS authorized signer. We can take the spreadsheet so long as the authorized signer's signature is included. This will validate the information. Please fax us the spreadsheet at the moment. The only thing we can take electronically now is the letter from the enumerator. We did have one hospital that made copies of that letter and sent them in a bundle in a single envelope. That's ok, too.

HP – How do we know who is the authorized signer?
Valerie Noor – Our provider packet includes a field for the person who is authorized to sign. Most organizations have an authorized signer.
HP – How will you end date a provider with multiple IDs?
Valerie Noor – They will be linked. There is a specific termination code that will be used, linking the old number to the new number that will keep continuous dates of service. We'll end date the IHS number effective 12/31, and link it to the non-IHS number effective 1/1/2007. However, once NPI goes into effect on 1/1/2007, the new number must be used, as the old number will no longer link.

Denny Bierl – Is there anybody who would like to give us an overview of the outreach activities you are conducting with your providers?
HP – Yavapai has been sending out quarterly newsletters with "Countdown to NPI" with some Frequently Asked Questions encouraging our providers to contact us or AHCCCS for further information. We've had a series of provider meetings, both general and targeted for certain physicians where we present the NPI information and give handouts, giving website information and relate in the strongest terms possible that "No NPI, no M.O.N.E.Y." We've had really great success, everyone seems to be onboard.
Denny Bierl – Are you asking them to send the NPI directly to you, or to AHCCCS or both?
HP – We ask them to follow the guidelines sent in the Enumerator email and submit it to AHCCCS; forward the email or a copy of the letter with a copy sent to us. Any time we find an NPI when we conduct our provider searches, we document that we already have it. We are following this with our own internal spreadsheets.
Denny Bierl – So do you know how many NPIs you hope to load before May 23, 2007?
HP – Yes, our general idea is that 99% of our providers will require NPI. Very few will not, only the attendant caregivers and such providers as taxi drivers.
Denny Bierl – Have you spoken to your three hospitals?
HP – Yes, they have been attending the provider meetings we've held.
Denny Bierl – Have they shared with you their strategy on how many NPI numbers they plan to secure?
HP – They have not. It seems they still need to determine how to separate out their businesses.

HP – We've been working very closely with the RHBA's, their medical directors and clinical staff. We've asked that any time they've met with their RHBA's or providers to bring up the NPI. Last month, in our RHBA IT meeting, all RHBAs agreed and are meeting with their contract peoples. They intend to amend their contracts to require their providers have an NPI by January 1, 2007. Some are actually making site

visits to walk through the NPI process with their providers and making sure they get the information to AHCCCS.

HP – University Family Care and Maricopa Health Plan has been reaching out by sending out a mailer with our checks to our providers stating "Avoid a gap in payment, Report your NPI to AHCCCS. As of 5/23/07, Medical providers must include the NPI on healthcare claims." It gives the telephone number and URL of the enumerator and reminds them to notify AHCCCS in the appropriate manner once they've obtained their NPI. It even states the preferred method is to forward the email notification to the Nationalproviderid@azahcccs.gov, and to avoid the rush and apply now. We tried to clearly express that we will not be able to pay them without the NPI after 5/23/07.

Mary Kay McDaniel – I spoke with the people of Illinois Medicaid. They have a script that is on their answering systems that runs for their providers when they call in. Further, the attendants have a script that they say when they do speak with them. They mentioned that they are having difficulty with dentists, who do not feel they need a NPI. I don't know whether you've had more positive results.

Denny Bierl – The touch points are obvious. Hold messages, newsletters, talking points from your representatives, sitting in with the associations are good. I expect you'll see with your next update a request to see what you're doing and how many NPIs you've been receiving. With 50,000 total providers, and 40,000 are healthcare providers, and only 1500 in, we are getting to crunch time. AHCCCS is including requests for the NPI in the Claims Clues, we are sending representatives to the provider associations and groups; we have specific visits with the hospitals. We also have scripts and talking points with our call center staff. I encourage you all to look for these types of things. We have only ten months before it becomes mandated.

HP – Will a cheat sheet be provided to the plans as to NPI information? Is it forthcoming?
Denny Bierl – Yes, we'll get that out in the next week. You'll probably just see some standard information from CMS and some bullet points from our point of view.

HP – If our primary identifier is the tax ID and our secondary is now going to be an NPI, what happens to the atypical providers?
Mary Kay McDaniel – Atypical providers on an 837 transactions will not change. It is just whether or not they SHOULD have an NPI. If an atypical provider chooses to enumerate, AHCCCS will accept their NPI. Another state has made it clear to their atypical providers that they should use only their legacy IDs. So even if they get an NPI, this other state will require them to bill with the legacy ID.
HP – are you going to define atypical providers?
Mary Kay McDaniel – AHCCCS actually has a flag at multiple places because there is always an exception to the general rule. The first cut is at specialty type and we shared that hand out. Doctors, pharmacies, hospitals will always have an NPI, but there are those subgroups of providers that are in the 'gray' zone, dependent upon what type of service is performed. For instance, school based providers may not necessarily need an NPI. Adult day care. If the center has a nurse, does that make them a health care provider? There is a flag at the individual provider level that states this specific provider, albeit not in a 'typical' type, requires an NPI. That being said, if the enumerator receives a request from an atypical provider, they will grant an NPI. In some examples, they may be questioned. For example, funeral directors have received NPIs, but now they are questioning those. Medicare is being particularly specific regarding taxonomy codes. Some guidance has been submitted for hospitals relating to always providing a taxonomy code with their claims. This way, should a large facility choose to obtain only one NPI, they can submit the taxonomy code for their various subordinate clinics and get payment. AHCCCS asked Medicare to share their crosswalk.

HP – We seem to recall that initially, it was stated that if they received a NPI from a provider that did not require a NPI, AHCCCS would not accept it.
Denny Bierl – There hasn't been a change, but my recollection is that although the flag indicates whether ran NPI is required. AHCCCS will accept the NPI if it is submitted, regardless of the flag. For instance, a group home does not require an NPI. However, it is owned by a nurse, who says she does provide

medical services and therefore gets an NPI. We will accept her NPI although it is not for our purposes, required.

Health Plan/program contractor testing and implementation (Lori Petre)

There will be a letter going out to all the CEOs talking about outreach. We'd like to know what we can do to help. Rod Moss will be drafting letters to go out to the associations. We also have some questions that we will send to the hospitals asking how they intend to enumerate their individual organizations. It will also touch on the importance of status reporting and the milestones. Keep in mind, these dates are hard and fast; we need to adhere to them and discuss what other options are available if you can't meet the dates. On Friday I'll be sending out a note for status reports, and asking for how many providers you believe will be enumerating on your rolls, versus how many you already have. We also need to know when you expect to begin testing with AHCCCS. Everybody does need to test, and we need to be resourced to respond to your testing. In October, the monthly reports will begin to go out biweekly. We will also be scheduling NPI conversations with each Health Plans. We will be beginning with some of those that have ambiguity with their status reporting dates.

Denny Bierl – There are some status reports that we've received that still mark 'in progress' on some milestones that have due dates in the past. There are others that have go-live dates perilously close to the May cutover. Please be aware, the sooner you promote these changes, the better off you will be.

Validator Implementation (Susan Ackley)

AHCCCS has awarded a contract for a validator solution to Foresight Corporation. We are acquiring a suite of products to perform validation for us. It will validate whether the transactions submitted meet both HIPAA guidelines and AHCCCS business rules. It will not change any requirements, but it will stop transactions that the CAS segments are incorrect, and a number of other things that we've noticed are issues for some of you. Please ascertain that your incoming files are HIPAA compliant and meet the AHCCCS business rules. We expect the health plans to be interested in the Community Manager suite to aid you in your testing of your files. We will give you more information as things progress. We hope to begin testing in December, 2006. At some point we hope to find partner Health plans to test with us.

Next Meeting: 10/12/06